

Association were named as having state-wide plans for low-cost medical care in effect or preparation. These state systems are designed to operate on the basis of budgeted prepayment of the medical expense of sickness.

Monthly cost per individual was indicated as running from \$1.50 to \$2.50.

California, the state in which the principal push for the compulsory system has been made, was the first where voluntary insurance was set up by a state medical society. The other twelve states listed today in the American Medical Association report are Colorado, Connecticut, Massachusetts, Michigan, Missouri, New Jersey, Pennsylvania, Utah, Vermont, Washington, New York, and Oregon. The District of Columbia was also included.

In some of these states the movement is still in its early stages.

The American Medical Association data also brought out that hospital insurance is now offered by 108 group hospital associations covering five million persons in twenty-eight states.

In rejecting compulsory health insurance, the American Medical Association has held that the need for low-cost medical care was far lower than pictured by propaganda for socialized medicine and that better ways of handling it could be found than compulsory insurance covering 90 to 100 per cent of the population.

Seeking to work out new methods, a large number of county medical societies, as well as state organizations, have been promoting experiments.—*Boston Christian Science Monitor*, June 11.

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Compulsory Health Insurance Scored

Portland (Oregon), June 22 (INS).—The nation's 45,000 dentists are unalterably opposed to compulsory health insurance, Dr. Wilfred H. Robinson, Oakland, President-Elect of the American Dental Association, was on record today as advising delegates to the Oregon Dental Association convention.

He said the National Association approved setting up voluntary health insurance systems, however.—*San Francisco Examiner*, June 23.

LETTERS

Concerning Physicians Needed for Service in the United States Army.*

(COPY)

WAR DEPARTMENT
OFFICE OF THE SURGEON-GENERAL
WASHINGTON

July 12, 1940.

To the Editor:—With the likelihood of an augmented Army existing for a prolonged period, the War Department has been able to plan accordingly in considering medical personnel requirements.

In reference to extended active duty for Medical Corps Reserve officers, important changes have been made. Reserve officers may now serve in Hawaii, Panama, and other United States possessions, and may receive yearly extensions of active duty for an indefinite number of years until the international situation clarifies and until the future can be viewed with more certainty.

Inclosed is a statement pertaining to extended active duty for physicians which probably will be of interest to your readers. Any publicity given to the substance contained therein will be appreciated by this office.

Very truly yours,

(Signed): JAMES E. BAYLIS,
Colonel, Medical Corps, Executive Officer.

PHYSICIANS NEEDED FOR ARMY SERVICE

The physician, like every other American, has become actively interested in our national security and stands ready to contribute his services as required for military preparedness.

The immediate problem in this connection is one that concerns the War Department, and primarily the young physician. The War Department must procure sufficient additional personnel from the medical profession to aug-

ment the medical services of the Regular Army as the various increases are made in the strength of the Regular Army, as authorized by Congress to meet the partial emergency. The young physician is especially concerned because it is usually advantageous, and is often more convenient for him to serve with the Army.

Present plans of the War Department are designed to make service attractive and instructive for the young physician. If the physician holds a Medical Corps Reserve commission he can be ordered to active duty if he so requests. If he does not hold a commission, but is under thirty-five years of age and is a comparatively recent graduate of an accredited school, he may secure an appointment in the Medical Corps Reserve for the purpose of obtaining extended active duty for a period of one year or longer. Duty is given at General Hospitals, Station Hospitals, and with Tactical Units, and embraces all fields of general and specialized medicine and surgery. Excellent postgraduate training is obtainable in connection with Aviation Medicine. After serving six months of active duty in the continental United States, a Reserve officer may request duty in Hawaii, Panama, or other United States territories and possessions. The initial period for duty is for one year, and yearly extensions are obtainable thereafter until the international situation becomes more clarified and our domestic military program becomes stabilized.

Many young doctors who have served with the Army on extended active duty have taken the competitive examination for entrance into the Medical Corps of the Regular Army. Extended active duty affords an excellent opportunity for the physician to observe modern military medicine and the facilities that exist for a complete and comprehensive medical practice.

Pay is according to rank, and, including subsistence and quarters allowances for an officer with dependents, amounts to an annual sum of \$3,905 for a Captain and \$3,152 for a First Lieutenant; or, without dependents, to an annual sum of \$3,450 for a Captain and \$2,696 for a First Lieutenant. In addition, reimbursement is made for travel to duty station and return.

Further information may be obtained by writing to the Surgeon-General, United States Army, Washington, D. C.

Concerning American Medical Association Program on Medical Preparedness.

(COPY)

AMERICAN MEDICAL ASSOCIATION

Chicago, August 2, 1940.

Dr. George H. Kress,
San Francisco, California.

Dear Doctor:

I am enclosing copies of three resolutions adopted by the Committee on Medical Preparedness at its meeting held in Chicago on July 19. Copies of these resolutions have been forwarded to various government officials in Washington in accordance with instructions given by the committee.

In transmitting the resolution recommending that the National Defense Commission should provide funds to be expended under the direction of the United States Public Health Service for the *training of physicians whose services may be needed in the field of industrial medicine*, it was definitely pointed out that the recommendation offered in the resolution was intended to apply only to any period of emergency that may develop and not to apply after such emergency had ceased to exist.

The Committee on Medical Preparedness considers the resolution pertaining to the *continuance of medical education and hospital operations* to be of great importance, and it is my understanding that the various agencies of the government that are immediately concerned with the preparedness program have this matter in mind.

The committee also considers the resolution pertaining to the appointment of a *coördinator for medical and public health services* to be of great and most urgent importance.

Copies of these resolutions are being sent to all state chairmen of the Committee on Medical Preparedness, to the secretaries of the constituent state medical associations and to the members of the Committee on Medical Preparedness.

On inquiry I have received information from the office

* For editorial and other comment, see pages 53, 86, 87 and 90.

of the Surgeon General of the United States Army that the *age limit for physicians who may be called for military duty* will be fifty-five years. It is possible that the services of some physicians above the age of fifty-five may be used for special purposes, and it is my understanding that some physicians of an age less than fifty-five, including those in the lower age groups, may be assigned to duties concerned with service to civilian groups.

Very sincerely yours,
OLIN WEST, M. D.

RESOLUTION ADOPTED BY COMMITTEE ON MEDICAL
PREPAREDNESS OF AMERICAN MEDICAL
ASSOCIATION, JULY 19, 1940

WHEREAS, The maintenance of the health of the workers in industry is essential to the defense program of the country; and

WHEREAS, The prevention of unnecessary illness of workers in industry is necessary to insure uninterrupted production of essential materials; and

WHEREAS, There exists a shortage in the number of physicians, chemists, mechanical engineers and other professional groups skilled in industrial hygiene; therefore, be it

Resolved, That the Committee on Medical Preparedness of the American Medical Association recommends to the National Defense Commission that the necessary funds be furnished to the United States Public Health Service to provide the necessary training of physicians, chemists, mechanical engineers and other professional personnel in order to cope with the industrial hygiene problem in the present national emergency.

RESOLUTION ADOPTED BY COMMITTEE ON MEDICAL
PREPAREDNESS OF AMERICAN MEDICAL
ASSOCIATION, JULY 19, 1940

WHEREAS, The maintenance of the health of the nation is fundamental to its welfare; and

WHEREAS, The education and training of medical personnel requires long periods of time and special selection of men and women qualified to undertake such study; and

WHEREAS, It is necessary for such purposes to maintain continuous education of medical students; therefore, be it

Resolved, That the Committee on Medical Preparedness of the American Medical Association requests the National Defense Commission, the military and naval services, the United States Public Health Service and the Congress, in preparing for the conscription of personnel, to provide for the continuation of medical education and for exemption from conscription of all medical students and interns in accredited and approved institutions.

RESOLUTION ADOPTED BY COMMITTEE ON MEDICAL
PREPAREDNESS OF AMERICAN MEDICAL
ASSOCIATION, JULY 19, 1940

WHEREAS, There are many organizations interested in health and medical preparedness; and

WHEREAS, These organizations represent various specialties interested not only in the prevention but the treatment of disease; and

WHEREAS, Many recommendations and plans for medical preparedness will be made by these groups; therefore, be it

Resolved, By the Committee on Medical Preparedness of the American Medical Association that we recommend to the President of the United States and to the National Defense Commission the immediate appointment of a medical coordinator of the activities of all medical service related to the national defense program.

Concerning Acceptance in California of Oregon Laboratory Reports (Premarital Examinations).

(COPY)

OREGON STATE MEDICAL SOCIETY
Medical-Dental Building
Portland, Oregon
June 8, 1940

Dr. George H. Kress, Secretary
California Medical Association, Addressed

Dear Doctor Kress:

At the meeting of our Council on June 1, there was discussion concerning the policy of the California State

Board of Health under which it will only accept laboratory reports of syphilis tests in connection with applications for marriage licenses from the Hygienic Laboratory of the Oregon State Board of Health.

The effect of this policy is to prohibit private laboratories in Oregon from performing these tests for applicants for marriage licenses in California, and this in spite of the fact that these private laboratories have been approved by the Oregon State Board of Health to make these tests for applicants for marriage licenses in Oregon.

Our Council voted to request the Council of the California Medical Association to take up this matter with the California State Board of Health with a view to obtaining a change in this policy to permit the acceptance of laboratory reports in this connection from private laboratories which have received the approval of the Oregon State Board of Health.

We shall greatly appreciate it if you will present this matter to your Council at your earliest convenience.

With kindest personal regards, we are

Very sincerely yours,
OREGON STATE MEDICAL SOCIETY.
By CLYDE C. FOLEY,
Executive Secretary.

(COPY)

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
SACRAMENTO

San Francisco, California,
July, 9, 1940.

Mr. Clyde C. Foley, Executive Secretary
Oregon State Medical Association
Medico-Dental Building
Portland, Oregon

Dear Mr. Foley:

Your letter of June 8 to the California Medical Association has been referred to this office by Doctor Kress.

In checking our records we find that during the period from September 19, 1939, when the premarital law became effective, to June 30, 1940, only forty premarital tests were performed in Oregon for persons wishing to marry in California.

It is apparent that no great hardship is imposed upon the Oregon private laboratories because approximately five tests a month must be performed in the State Laboratory due to the California regulation.

The rule requiring that tests performed out of the state be run in state laboratories is in accordance with the regulations of most other states having similar laws. It is no reflection upon the competence of private laboratories in any state, but is necessitated by administrative procedure.

You can understand, I am sure, the confusion that would occur if California should make a single exception in the case of Oregon, and the impossibility of keeping the fifty-eight California County Clerks constantly advised as to the current list of private laboratories approved by the Oregon State Board of Health.

302 State Building.

Very truly yours,

MALCOLM H. MERRILL, M. D.,
Chief, Bureau of Venereal Diseases.